

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

November 8, 2001

Mr. James R. Scott, Jr.
Scott's Custom Cleaners
755 North Indian Rocks Road
Belleair Bluffs, Florida 33770

Re: Facility No.: 1030341-002

Dear Mr. Scott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 4, 2001.

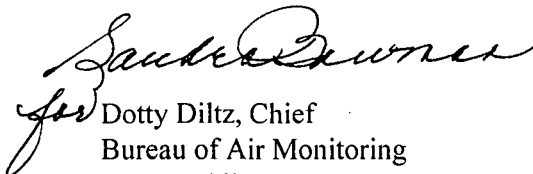
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Fees Paid 96-00
SOC 4
Compliance I N

Scott's CUSTOM CLEANERS

RECEIVED
May 30, 2003
JUN 3 2003
Bureau of Air Monitoring
& Mobile Sources

Dept. of Environmental Protection
Title V General Permits Office
2600 Blair Stone Rd.
Tallahassee, Fl. 32399

Re: change in responsible party, Facility # 1030341-002

Sandra Bowman,

This letter is to notify you of a change
in responsible party at the above referenced facility.

I, James R. Scott, Sr., am replacing the former
responsible party, James R. Scott, Jr.

Please call with any questions.

Sincerely

James R. Scott, Sr.

Belleair Bluffs
755 N. Indian Rocks Rd.
Belleair Bluffs, FL 34640
584-8382

Northwood Commons
2454 McMullen Booth Rd.
Clearwater, FL 34619
726-1677

Island Estates
282 Windward Passage
Clearwater, FL 34630
443-1029

LaBelle Plaza
1587 Highland Ave.
Clearwater, FL 34616
446-5872

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	James R. Scott, Sr.		
2. Site Name (For example, plant name or number):	Scott's Custom Cleaners, Inc.		
3. Hazardous Waste Generator Identification Number:	FLD 032438079		
4. Facility Location:	Street Address: 755 N. Indian Rocks Rd		
	City: 755 N. I Bellear Bluffs	County: Pinellas	Zip Code: 33770
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:	Name: James R. Scott, Sr. Title: Pres.		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: City: Same as Above County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: 727 585 4515 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address: City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

1030341-002

page 15

1. (a) None Required should be circled
under Control Device Required for each
machine.

Page 17

Responsible official sign and date
for changes made

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

RECEIVED

OCT - 4 2001

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	James R Scott
2. Site Name (For example, plant name or number):	Scott's Custom Cleaners
3. Hazardous Waste Generator Identification Number:	Saftey Kleen FID032438079
4. Facility Location: Street Address: City: 755 N. Indian County: Pinnellas Zip Code: 33770 Rocks Road Belleair Bluffs County	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030341-002

Responsible Official

6. Name and Title of Responsible Official: Name: James R Scott Jr. Title: Pres	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Same Above County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (727) 585-4515 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Miracleam 1986	Existing	RC/CA/None required	_____
Lindus 1985	Existing	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [_____]

How many dryers/reclaimers do you have on-site? [_____]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[1/6] gallons (You must fill this in)

(b) If less than 12 months, how many? [_____] months

Check why it is less than 12 months: New owner: [_____] Did not keep records: [_____]

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form: the permit number(s) are _____.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

James R Scott
Print name of responsible official


Signature

9-28-2001
Date

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$		
Certified Fee			
Return Receipt Fee (Endorsement Required)			Postmark Here
Restricted Delivery Fee (Endorsement Required)			

Total Postage: ID# 1030341
JAMES SCOTT
SCOTT'S CUSTOM CLEANERS
755 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770

Sent To: **JAMES SCOTT**
 Street, Apt. No., or PO Box No.: **755 NORTH INDIAN ROCKS ROAD**
 City, State, ZIP+4: **BELLEAIR BLUFFS, FL 33770**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 1030341 JAMES SCOTT SCOTT'S CUSTOM CLEANERS 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770 </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature XN BARBARO <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) NIRCE BARBARO C. Date of Delivery 02/06/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 9998 </div>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Office of Air Monitoring
U.S. Department of Environmental Protection
Tallahassee, Florida

FEB 10 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

*Refund
Pd 2/17/04*

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

<p>1030341 JAMES SCOTT SCOTT'S CUSTOM CLEANERS 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33776</p>	<p><i>New Owner James R Scott Jr</i> <i>New Business</i> Name</p>	<p>FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273</p>
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Scotts Northwood Cleaners
2454 N. McMullen Booth Rd
Clw Fla 33759



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436438 FEB172004

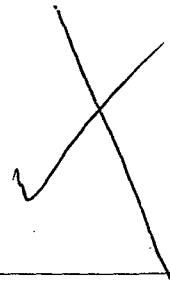
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 1030341
 JAMES SCOTT
 SCOTT'S CUSTOM CLEANERS
 755 NORTH INDIAN ROCKS ROAD
 BELLEAIR BLUFFS, FL 33770

RECEIVED
 FEB 20 2004
 Bureau of Air Monitoring
 & Mobile Sources



FOR GOVERNMENT USE ONLY
 Org.: 7550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413017 JAN14 2002 ✕

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030341
SCOTT'S CUSTOM CLEANERS
JAMES R SCOTT JR
755 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL
33770

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

SCOTT'S CUSTOM CLEANERS, INC. • BELLEAIR BLUFFS, FLORIDA 33770

017379

CHECK NO.

AIRS ID # 1030341
1030340

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. ✓

TOTAL AMOUNT DUE: \$50.00

421441 JAN 7 2003
RECEIVED

Do **NOT** Remove Label

AIRS ID#1030341
SCOTT'S CUSTOM CLEANERS
JAMES R SCOTT JR
755 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL
33770

JAN 09 2003
FOR GOVERNMENT USE ONLY
Org.: 375501000 - EQ, A, Monitoring
Fund: 20-2-035001 & Mobile Sources
Obj.: 002273